

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health

Guidance for Correctional and Detention Facilities

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to slow the spread of the novel (new) coronavirus disease 2019 (abbreviated COVID-19) in Los Angeles County.

Correctional and detention facilities pose unique challenges to communicable disease control. Incarcerated/detained persons commonly live in congregate settings, increasing the risk for COVID-19 to spread once introduced to the facility. Additionally, the high turnover in certain types of correctional environments, such as jails, coupled with the frequent traffic of staff and incarcerated/detained persons between facilities and outside systems (courts, medical appointments), heightens the threat of community spread. These challenges present critical opportunities to strengthen existing infection control measures and implement novel and responsive strategies.

The goal of this document is to help correctional and detention facilities implement processes to:

- Prevent and reduce the spread of COVID-19 within correctional and detention facilities.
- Mitigate the risk of community spread.

We encourage you to visit the Department of Public Health (DPH) Novel Coronavirus webpage for resources, including Guidance for Business and Employers, Frequently Asked Questions, and infographics: <http://publichealth.lacounty.gov/media/Coronavirus/>.

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General Information

What is novel coronavirus?

Coronaviruses are a large family of viruses. Many of them infect animals, but some coronaviruses from animals can evolve (change) and infect humans, then spread from person-to-person. This is what happened with the current novel coronavirus. Diseases from coronaviruses in people typically cause mild to moderate illness, like the common cold. Some, like the SARS or MERS viruses, cause serious infections like pneumonia.

What are common symptoms of COVID-19?

Information to date shows this new virus causes symptoms consistent with a respiratory illness. Symptoms include:

- Cough
- Fever
- Shortness of breath or difficulty breathing

Most patients with mild to moderate symptoms can be managed in the community. However, about 20% of patients will need to be hospitalized during their illness. Severe symptoms of COVID-19 include severe difficulty breathing (inability to speak several words at a time or to walk a few steps), persistent chest pain, confusion or inability to arouse, bluish lips or face, profound weakness or inability to eat or drink for one or more days.

How are coronaviruses spread?

Like other respiratory sicknesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person talks, coughs, or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

COVID-19 is new, and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed.

Do not assume that someone is at risk for novel coronavirus infection based on their race/ethnicity or country of origin.

Emergency Preparedness

1) Develop a communication strategy for incarcerated/detained persons, staff, key stakeholders and the public

Routinely communicate updates to staff. Institutions should provide staff COVID-19 related updates in a timely manner. These communications should include both healthcare worker (HCW), non-HCWs, contracted staff, custody staff and stakeholders, including courts, and essential service providers. Communications should outline organizational changes that are aligned with DPH guidance. These include updates in:

- Patient screening and evaluation
- Patient and staff isolation protocols
- Patient and staff quarantine protocols
- Relevant personal protective equipment (PPE) updates
- Any modifications to paths of travel within the facility
- Employee health resources

Adopt a mass notification tool for critical reminders.

- This can be used to remind staff to self-monitor for symptoms.
- It can also be used to remind and confirm that the staff have checked for and do not have a fever or symptoms before entering the facility.

Routinely communicate updates to incarcerated/detained persons.

- Communicate actions being taken to prevent the spread of COVID-19 within the facility.
- Provide opportunities for incarcerated/detained persons to share insights on the consequences of COVID-19 related policies.
- Effectively communicate important updates that impact incarcerated/detained persons.

Routinely communicate with the public. The public should be informed about any changes to facility operations. This includes legal representatives, community partners, and outside service providers and vendors.

2) Formulate COVID-19 Response Teams

Develop a pathway to streamline testing for HCW.

- If possible, collaborate with employee health to provide onsite, easily accessible testing.

Designate a team to manage COVID-19 related issues among staff. This includes, but is not limited to:

- Receiving daily reports of Persons Under Investigation (PUI) staff who are on home isolation.
- Tracking results of employees tested for COVID-19.
- Designate and provide DPH with a point of contact for your facility for communication and coordination related to COVID-19.
- Provide daily updates to DPH of staff PUI and positive results.

- Confirm the specific info needed for the updates with DPH.
- DPH will follow up on tests ordered through PHL.

Designate a team to manage COVID-19 related issues among incarcerated/detained persons. This includes, but is not limited to:

- Ensuring PUIs and positive cases are appropriately housed in isolation.
- Designate and provide DPH with a point of contact for your facility for communication and coordination related to COVID-19.
- Provide daily updates to DPH of patient PUI and positive results.
 - Confirm the specific info needed for the updates with DPH.
 - DPH can follow up on tests ordered through PHL.

Prevent and Reduce the Spread of COVID-19 at Entry

1) Rapidly Screen and Separate Symptomatic Incarcerated/Detained Persons Before Entering the Facility

Screen incoming incarcerated/detained persons early in the intake process. Given that the duration of the intake process can last several hours to days, incoming persons who are symptomatic must be rapidly identified, given a surgical mask to wear (or a cloth face covering if a surgical mask is unavailable), and separated.

- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact before they move to other parts of the facility.
- Assess all incarcerated/detained persons for acute respiratory illness, including:
 - Subjective or documented fever; or
 - Acute respiratory symptoms (cough or difficulty breathing); or
 - Contact with a confirmed COVID-19 person in the last 14 days; or
Persons who have been ordered to quarantine for COVID-19 by other healthcare providers or facilities; or
 - Persons who have pending testing (even with negative testing those with consistent symptoms should remain isolated per DPH guidelines).
- Consider adding COVID-19 symptoms to the initial screening form. This initial screening can be performed by non-clinical personnel.
- Symptomatic incarcerated/detained persons should be given a surgical mask and sequestered.
- Staff escorting symptomatic persons should wear a surgical mask and gloves (see “Guidelines for PPE”).

Separate newly admitted incarcerated/detained persons who report COVID-19 symptoms from the general population while they await further clinical assessment during intake.

- Assess for subjective fever and acute respiratory symptoms. Take a temperature.
- In the absence of a strong alternate diagnosis, presume all persons who have either fever OR acute lower respiratory symptoms (cough or shortness of breath) have COVID-19.

- Fever can be either subjective or documented.
- Classify symptomatic individuals as a Person Under Investigation (PUI).
 - PUIs should be isolated away from others while COVID-19 testing is pending. All PUIs should be monitored at least every eight hours for clinical deterioration while waiting for housing. Custody staff should be encouraged to perform symptom checks during “bed checks.”
 - Patients who are considered high-risk for poor outcomes should be monitored more closely. People who fit in this category have the following conditions:
 - Age of 50; or
 - Have significant chronic medical condition; or
 - Have serious mental illness (SMI); or
 - Have intellectual/developmental disability; or
 - Pregnant; or
 - Immunocompromised
- If medically unstable, transfer to an acute care facility.
- Acute viral illnesses can intensify concurrent drug and alcohol withdrawal symptoms. Closely monitor individuals who are symptomatic of COVID-19 and report recent drug/alcohol use.

2) Rapidly Screen and Separate Symptomatic Staff Before Entering the Facility

Screen staff for COVID-19 symptoms and fever before entering the facility.

Strategies include:

- Screen for fever and acute respiratory symptoms before entry. Use no-touch or single-use thermometers.
- Staff should maintain social distancing during screening.

If unable to perform symptom and fever screening on entry:

- Adopt an electronic mass notification tool to send symptom check reminders to staff.
 - Alert staff to check their temperature and report any new respiratory symptoms before they leave their home for work.
 - Alert staff to check their temperature and report any new respiratory symptoms 12 hours after their shift begins.
- Require staff to complete attestations that they have checked their temperature and do not have a fever and do not have COVID-19 symptoms if the facility is unable to perform admission temperature checks.

Prevent and Reduce the Spread of COVID-19 Within the Facility

1) Practice and Promote Universal Precautions Among Staff and Incarcerated/Detained Persons

HCW and custody staff should wear a surgical mask at all times.

- Make surgical masks at entry points for HCW and custody staff.
- Instruct staff on precautions when wearing a surgical mask, including the importance of

handwashing/hand-sanitizing before putting one on and after taking one-off.

- Ensure easy access to a sink for handwashing and hand sanitizers at entry points (and throughout the facility).
- Frequently restock clinical settings with indicated PPE.

Post signage throughout the facility to communicate best practices to staff, incarcerated/detained persons, and visitors. Make necessary accommodations for patients with cognitive or intellectual disabilities and those who are deaf, blind, or have low vision. Signage should include:

- [Symptoms](#) of COVID-19
 - **For incarcerated/detained persons:** In addition to routine reminders, develop signage to alert staff immediately if exhibiting symptoms of COVID-19.
 - **For staff:** [Stay at home when sick](#). If COVID-19 symptoms develop while on duty, leave the facility as soon as possible and notify a supervisor.
 - **For visitors:** [Do not enter](#) if you have COVID-19 symptoms.
- [Handwashing instructions](#)
- [Coughing and sneezing etiquette](#)

Hygiene – Support and reinforce proper hygiene practices among staff and incarcerated/detained persons.

- **For incarcerated/detained persons:**
 - Provide soap at no cost. Make liquid soap available where possible.
 - Provide paper towels.
 - Provide tissues at no cost.
 - Provide no-touch trash receptacles.
 - Ensure there is running water throughout all housing areas, including those currently unoccupied.

Risk reduction – Talk to incarcerated/detained persons openly about the following risks:

- Communicate that sharing of utensils can spread COVID-19 due to contamination of used objects and close contact with potentially infected persons.
- Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to the contamination of used objects and close contact with potentially infected persons.
- Communicate that tattoos can spread COVID-19 due to contamination of used objects and close contact with potentially infected persons.

2) Guidelines for PPE

Personal Protective Equipment (PPE)

- Staff should wear a surgical mask at all times and gloves.
- HCW who provide direct clinical care to isolated or quarantined persons (delivering meals to bedside, administering medications, or performing a physical exam or procedures) should put on a surgical mask, gloves, eye protection, and gown.

- Custody staff interacting in close contact with a person (less than 6 feet) with or without physical contact (arresting or restraining) should wear a surgical mask, eye protection, and gloves.
- Symptomatic individuals (incarcerated/detained or staff) should be given surgical face masks to wear whenever they are around other people.
- Throw out gloves after contact with an individual, do not reuse between direct contact with different persons.
- When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of the mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.
- Necessary PPE should be available in clinical care areas for staff performing clinical duties.
- Ensure that all staff clean their hands, including before and after contact with incarcerated/detained persons, after contact with contaminated surfaces or equipment, and after removing PPE items.

3) Social Distancing Whenever Possible

Social Distancing Applies to Staff and Incarcerated/Detained Persons-Social distancing strategies can be challenging to apply in correctional and detention environments. However, certain social distancing practices can be adopted in correctional/detention environments to mitigate disease spread.

Consider placing all non-symptomatic persons entering the facility on an automatic 14-day quarantine.

- **Minimize movement inside facilities.**
 - **For incarcerated/detained persons:**
 - Restrict the mixing of incarcerated/detained persons from different housing modules.
 - Maintain social distancing between and separate the movements of groups of persons in different housing units, preferably down to the subdivisions within each housing unit.
 - Reinforce social distancing when people are in lines.
 - Enable social distancing when groups of incarcerated/detained persons are being escorted through areas.
 - Consider limiting groups of escorted incarcerated/detained persons to no more than 10 at a time if able to maintain social distancing.
 - If symptomatic persons need to move through areas with non-symptomatic persons, they should wear a surgical mask and minimize the time in these areas.
 - **For staff:**
 - When possible, custody and HCW staff should be assigned to a consistent unit.
- **Re-configure common areas to enable social distancing, when possible.**
 - Set up common areas such as intake/reception areas, dining areas, and clinic waiting rooms, so chairs are separated by 6 or more feet and facing away from one another when possible. Remove every other chair in common areas when possible.
 - Ensure easy access to a nearby sink to wash hands, tissues, and hand sanitizer (when

appropriate). In custody areas that are considered low risk, consider providing alcohol-based hand sanitizers for incarcerated/detained persons.

Beds should be placed at least 6 feet apart, when possible. Request that all persons sleep head-to-toe, including when sleeping in bunk beds, so heads are positioned as far apart as possible.

- Stagger mealtimes to decrease group sizes, maintaining groups of persons already in close contact due to their housing locations or subdivision, and deliver meals to incarcerated/detained persons if they are in isolation.
- **Restrict incarcerated/detained person visitations.**
 - Restrict visitation in the facility to essential staff and legal representatives only.
 - To mitigate potential negative mental health consequences of these imposed restrictions, consider reducing or temporarily eliminating the cost of phone calls and allowing more frequent access to telephones for incarcerated/detained persons.
 - Restrict transportation to essential visits only, such as necessary medical appointments and mandated court proceedings.
- **Modify or cancel certain group activities.**
 - Cancel all group activities where participants will be in closer contact than in their housing environment.
 - Prohibit contact sports.
 - Consider alternatives to existing group activities in outdoor areas or other areas where individuals can spread out.
 - Restrict recreation space usage to a single housing unit or housing subdivision per space (where feasible).
 - Modify recreation spaces to limit the size of groups (less than 10 when possible). Stagger recreation times to enable this.

Do not eliminate outdoor time and privileges for non-symptomatic persons. In addition to supporting mental health, such activities pose significantly less risk than indoor group activities

4) Identify and isolate symptomatic incarcerated/detained persons and staff

Routinely remind all incarcerated/detained persons to alert staff immediately if exhibiting symptoms of COVID-19.

- Screen all persons for fever and COVID-19 symptoms at every medical appointment.

Cohorts (isolation or quarantine as a group) should be developed based on where residents currently reside, when possible. This will minimize exposure and other disruptions that stem from population movements.

- Low-risk PUIs or exposed persons can isolate/quarantine within their current housing module provided that they can be separated from non-symptomatic individuals and receive indicated medical monitoring.

- High-risk PUIs or exposed persons should be housed where they can get close medical monitoring.

Isolate Symptomatic Incarcerated/Detained Persons

- If a patient has a fever (subjective or documented) OR respiratory symptoms, presume COVID-19 and classify as PUI.
- Provide surgical face mask immediately.
- Move to medical isolation immediately.

Medical Isolation

- Medical isolation is an environment separate from other individuals where medical monitoring can occur.
- Monitoring: Include temperature and symptom check. Additionally, custody staff should be encouraged to monitor for symptoms at bed checks and notify nursing/clinical staff if the patient reports new or worsening symptoms.
 - If PUI is medically stable AND high-risk:
 - House in isolation units that allow every 4-hour medical monitoring.
 - If medically stable and not high-risk: house PUIs in units where they can receive every 12-hour temperature and symptom monitoring.
 - If medically unstable, transfer to an acute care facility.
- Housing:
 - Separate in single cells with solid walls (i.e., not bars) when possible.
 - If unable to separate in single cells, cohort in a spacious, well-ventilated cell with solid walls and a solid door that closes fully.
 - Intersperse empty single cells between PUI/positive occupied cells when possible.
 - Ensure patients who transfer from medical isolation – within or outside of the facility – move into another medical isolation area until their isolation period is complete.
- Staffing: Restrict or minimize the entry of any new staff who work in a newly quarantined area.
 - Keep medical and custody staff in this area consistent when possible.

Symptomatic staff

- Staff with symptoms of COVID-19 should be provided with [home isolation instructions](#) and instructed to go home to self-isolate
 - Sick staff should notify their healthcare provider if symptoms worsen and as necessary.
 - Sick staff must notify their manager if they get tested for COVID-19.

5) Identify close contacts of symptomatic persons and quarantine

Quarantine Exposed Incarcerated/Detained Persons

- Persons who have come in close contact with a symptomatic person must be placed in quarantine for 14 days.
- Close contact is defined as contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by testing) for 10 minutes or more.

- Anyone who had contact with body fluids or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils, or saliva) or provided direct clinical care to a symptomatic person without wearing a surgical mask or gloves, also needs to be in quarantine.
- The contact may have been with a newly infected staff person or incarcerated/detained person, a staff person who has worked while infected, or someone outside the facility.
- The contact may have occurred while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.
- Monitoring: monitor for temperature and symptoms every 12 hours.
 - Custody should be encouraged to monitor quarantined individuals for symptoms at bed checks and notify nursing/clinical staff if the patient reports new or worsening symptoms.
 - If a quarantined person begins to show symptoms during the quarantine period, the guidelines for isolation described above apply. The person's isolation period must be counted from the start of symptoms, not the start of their quarantine period.
- Housing:
 - Quarantine high-risk persons separately from low-risk persons when possible. House these groups on separate floors when possible.
- Staffing: Restrict or minimize the entry of any new staff who work in a newly quarantined area.
 - Keep medical and custody staff in this area consistent when possible.
- Duration of quarantine: Quarantine must be for 14 days from the time of contact (unless the person develops symptoms, in which case they would be moved to isolation until it can be discontinued).

Quarantine Exposed non-HCW Staff

- Staff who have come in close contact with symptomatic incarcerated/detained persons or staff must be sent home to quarantine or placed in onsite quarantine for 14 days.

Exposed HCW Staff

- Due to the increasing rates of community transmission in LA County, it is assumed all HCW have had some level of exposure in the community or at home.
- Review [CDC risk/exposure categories](#) to determine how to address a HCW who was exposed without PPE.

Critical Workforce Shortage

- In times of extreme workforce shortage, non-symptomatic staff who were exposed can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days.
- Non-symptomatic staff who were exposed and continue to work MUST self-monitor for symptoms of COVID-19. They should self-monitor for symptoms twice daily, one time before coming to work and the second, twelve hours later.

6) Returning to Work

Returning to Work after Isolation

- A symptomatic staff person who was sent home may return to the site after:

- At least 3 days (72 hours) after improvement in symptoms and after resolution of fever (without the use of fever reducing medications), AND

At least 7 days since symptoms first appeared.

7) Reporting Requirements

Reporting of PUIs and Positive Cases

- Report a confirmed case of COVID-19 call the Department of Public Health Acute Communicable Disease Program at 213-240-7941 during daytime hours or 213-974-1234 (After Hours Emergency Operator).
- Notify Los Angeles County Department of Public Health for PUI testing through Public Health Lab at covidcorrections@ph.lacounty.gov.

Releases of PUIs and Positive Cases

- If exiting to another correctional/detention facility, notify the receiving facility that the person is a PUI or positive.
- If exiting to the community, notify DPH of all PUI and positive case releases into congregate settings (e.g., correctional/detention facility, residential treatment facility, hospitals, shelters, dormitories, group homes).

8) Best Practices for Sanitation and Housekeeping

Cleaning Practices

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, railings, countertops, faucet handles, phones, and especially areas visited by cases.
- **Consider increasing the number of staff and incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**
- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time. *Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)*
- If an EPA-registered disinfectant is not available, use a chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Alcohol-based disinfectants may be used if > 70% alcohol with contact time per label instructions.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.



NOTE: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling the Environmental Health Program at (626) 430-5201.

Cross-sector Partnerships to Mitigate Community Spread

1) Modify Healthcare Delivery in Facilities to Mitigate Facility and Community Spread

Medical Care - Modify medical appointments and clinical care to mitigate risk. When possible and without compromising patient safety:

- **Appointments:**
 - Eliminate appointment co-pays.
 - Cancel/postpone in facility and outside facility, non-essential medical appointments.
 - Cancel elective procedures.
 - Address acute patient complaints without in-person visits.
 - Utilize telehealth.
- **Clinical Care:**
 - At every medical encounter, including medical, dental, and mental health clinics, screen patients for symptoms of COVID-19 infection.
 - Designate a time or separate waiting area for appointments or walk-ins for patients with COVID-19 symptoms. Symptomatic patients should wear surgical masks.
- **Treatment**
 - Increase “keep on person” medications.
 - Modify the frequency of medication dosages to reduce refill requests.
 - Substitute nebulizers with dose equivalent multi-dose inhalers.
 - Carefully weigh the risks and benefits of continuing CPAP use for people with COVID-19 symptoms.
 - Provide sufficient discharge medications and follow up to avoid reliance on acute care facilities post-release.
- **Release**
 - Work with re-entry partners to ensure patients have sufficient medications, indicated medical follow up, transportation, and housing to decrease vulnerability after release and the need to utilize acute care settings for follow up (i.e., hospitals, emergency departments).

2) Collaborate with Legal and Judicial Systems to Adopt Policies to Reduce the Overall Population While Prioritizing High-Risk Persons

- Survey facility capacity and reduce the overall population as necessary to maximally abide by social distancing guidelines.
- Prioritize early release of all individuals who are medically vulnerable when appropriate.

- Ensure that social distancing procedures are used in any transport and courthouse holding cells.
- Consider canceling/postponing court-ordered in-person classes and counseling, in-person drug testing; collection of court debt and modify all reporting conditions to phone-reporting.
- Hold arraignment hearings within 48 hours of arrest.
- Coordinate with re-entry and diversion agencies to facilitate rapid re-entry for eligible persons, particularly high-risk individuals.

Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Environmental Health \(Infographic\)](#)
- [Mental Health](#)
- [Staying At Home If You Are Sick - Poster](#)
- [Handwashing](#)
- [What To Do If I Am Exposed](#)
- [CDC Interim Guidance for Correctional/Detention Facilities](#)

If you have questions and would like to speak to someone, call the Los Angeles County Information line 2-1-1, which is available 24 hours a day or email covidcorrections@ph.lacounty.gov.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.

